		M.Co.A.) 			wer.	. `		Application	n or l	Dockej Nu	pbel
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Ę	K CALLEL O	(Column 1)	(Column 2) (Column 3)				1 -	SMALL		OR	SMALL	ENTITY
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1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						r	405				
. 1	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If Jie "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."						L	+135=	_	OR	+270=	
~ 1	J.e "Highest Nu	nber Previously Pai	d For IN THIS	S SPACE IN	ace than	20		TOTAL DOIT, FEE		OR .	TOTAL	